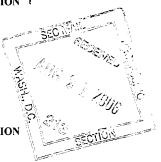
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D



OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering ([] check if this is an a Series A Preferred Stock	mendment and name has	changed, and indi	cate chang	e.)		
Filing Under (Check box(es) that apply):	[] <u>Rule 504</u>	[] <u>Rule 505</u>	[X] <u>Rul</u>	<u>e 506</u>	[] Section 4(6)	[]ULOE
Type of Filing: [X] New Filing [] An	nendment					
	A.	BASIC IDENTI	FICATIO	N DATA		
I. Enter the information requested about t	he issuer					
Name of Issuer ([] check if this is an am HOVR INCORPORATED	nendment and name has ch	nanged, and indic	ate change.)	PHOUSE Aug 2 2	2003 F
Address of Executive Offices (Number at 33 WEST 19 TH STREET, 3 RD FLOOR NEW YORK, NEW YORK 10011	nd Street, City, State, Zip	Code)			THONS FINANC	
Telephone Number (Including Area Code) (646) 619-1199					
Address of Principal Business Operations Telephone Number (Including Area Code		, State, Zip Code) (if differe	nt from E	executive Offices)	
Brief Description of Business This issuer is in the business of develop	ing and providing intera	ictive mobile ma	rketing so	utions		
Type of Business Organization						•
[X] corporation	[] limited partnersh	nip, already form	ed		[] other (please spec	cify):
[] business trust	[] limited partnersh	nip, to be formed				
Consideration of the Consideration and Considera			Month	Year		
Actual or Estimated Date of Incorporation	or Organization:	[01] [200	6]	[X] Actual [] Est	timated
Jurisdiction of Incorporation or Organizal	ion: (Enter two-letter U.S CN for Canada; FN for oth			for State	: :	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.



	Α.	BASIC IDENTIFICATION DATA	
ormation requested for the following:			

- 2. Enter the info
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers. Check Box(es) that Apply: [] Promoter [] Beneficial Owner [X] Executive Officer [X] Director [] General and/or Managing Partner Full Name (Last name first, if individual) Sawhney, Vipul Business or Residence Address (Number and Street, City, State, Zip Code) c/o Hovr Incorporated 33 West 19th Street, 3rd Floor New York, New York 10011 Check Box(es) that Apply: [] Promoter [] Beneficial Owner [X] Executive Officer [X] Director [] General and/or Full Name (Last name first, if individual) Gupta, Deepak Business or Residence Address (Number and Street, City, State, Zip Code) c/o Hovr Incorporated 33 West 19th Street, 3rd Floor New York, New York 10011 Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [X] Director [] General and/or Managing Partner Full Name (Last name first, if individual) Bob, Kenneth Business or Residence Address (Number and Street, City, State, Zip Code) c/o Hovr Incorporated 33 West 19th Street, 3rd Floor New York, New York 10011 [] Director [] General and/or [] Promoter [] Beneficial Owner [] Executive Officer Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [] Director [] General and/or Managing Partner Full Name (Last name first, if individual)) Business or Residence Address (Number and Street, City, State, Zip Code) [] Director [] General and/or Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer

Managing Partner

Full Na	me (Last na	ame first, if	individual)									
Busines	s or Reside	nce Addres	ss (Number	and Street	, City, State	e, Zip Code)		***************************************				
**************************************	***************************************	***************************************		(Use bla	nk sheet, o	r copy and	use additio	onal copies	of this shee	t, as neces	sary.)		***************************************
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1. Has t	the issuer se	old, or does	the issuer	intend to se	ell, to non-a	accredited in	nvestors in t	his offering	?			Yes No [X] []	
				Answe	r also in Ap	pendix, Co	lumn 2, if fi	iling under U	JLOE.				
2. What	t is the min	imum inves	stment that	will be acc	epted from	any individ	lual?			٠		NA	
3. Does	Does the offering permit joint ownership of a single unit?									Yes No [X] []			
remuner person o	ration for s or agent of g (5) perso	olicitation of a broker or	of purchase dealer reg	ers in conne istered with	ection with the SEC a	sales of sec nd/or with a	urities in the	e offering. Intes, list the	f a person to name of the	be listed i broker or	mission or sim s an associated dealer. If more that broker or	ilar	
		ame first, if vill be paid)									
Busines	s or Reside	ence Addres	ss (Numbe	r and Street	, City, Stat	e, Zip Code	•)						
Name o	f Associate	ed Broker o	r Dealer										***************************************
States in	n Which Pe	erson Listed	i Has Solic	ited or Inte	nds to Solid	it Purchase	ers						***************************************
(Check	"All States	" or check	individual	States)						[] All States		
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]	
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Name o	f Associate	ed Broker o	r Dealer										
		erson Listed " or check				cit Purchase	ers			[] All States		
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[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
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Busines	s or Reside	ence Addre	ss (Number	r and Street	, City, State	e, Zip Code)						
Name o	f Associate	d Broker o	r Dealer										
						it Purchase	ers			_	3 444 0		
(Check [AL]	"All States [AK]	or check [AZ]	individual [AR]	States) [CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[[GA]] All States [HI]	[ID]	
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[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] (Use blank sheet, or copy and use add C. OFFERING PRICE, NUMBER OF INVE 1. Enter the aggregate offering price of securities included in this offering and the Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, in the columns below the amounts of the securities offered for exchange and already and the security Debt	Jitional copies of this STORS, EXPENSES total amount already so check this box " and in	sheet, as necessary.) AND USE OF PROCES old.	EDS Amount
(Use blank sheet, or copy and use add C. OFFERING PRICE, NUMBER OF INVE	Jitional copies of this STORS, EXPENSES total amount already so check this box " and in	sheet, as necessary.) AND USE OF PROCES old. dicate Aggregate	EDS Amount
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Type of Security Debt	uy exenanged.		
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. •		\$0	·
		\$224,868	\$ <u>224,868</u>
[] Common [X] Preferred Series A			•
Convertible Securities (including warrants)		\$	_ \$
Partnership Interests		\$	\$
Other (Specify).		\$ \$ <u>_224,868</u>	\$
Total	OE.	\$ <u>224,868</u>	\$ <u>224,868</u>
Answer also in Appendix, Column 3, if filing under UL	OE.		
persons who have purchased securities and the aggregate dollar amount of their pu Enter "0" if answer is "none" or "zero."	urchases on the total lir	es. Number Investor	Aggregate Dollar Amount s of Purchases
Accredited Investors		5	\$146,958
Non-accredited Investors		7	\$ <u>77,910</u>
Total (for filings under Rule 504 only)			
Answer also in Appendix, Column 4, if filing under UL	OE.		
8. If this filing is for an offering under <u>Rule \$04</u> or <u>505</u> , enter the information requesty the issuer, to date, in offerings of the types indicated, the twelve (12) months precurities in this offering. Classify securities by type listed in Part C-Question 1.		sold	
Type of offering		Type of Security	Dollar Amount Sold
Rule 505			\$
Regulation A			. \$
Rule 504			\$
Total			\$
10(2)			

\$ 218,368

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

	Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees	[]\$	[]\$
Purchase of real estate	[]\$	[]\$
Purchase, rental or leasing and installation of machinery and equipment	[]\$	[]\$
Construction or leasing of plant buildings and facilities	[]\$	[]\$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	[] S	[]\$
Repayment of indebtedness	[]\$	[]\$
Working capital	[]\$	[X] \$
Other (specify):	[]\$	[]\$
	[]\$	[]\$
Column Totals	[]\$	0 []\$
Total Payments Listed (column totals added)	[X]	\$ 218,368

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under <u>Rule \$05</u>, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of <u>Rule 502</u>.

Issuer (Print or Type)	Signature Date \$17.04
HOVR INCORPORATED	full prof 0/2/00
Name of Signer (Print or Type)	Title of Signer (Print or Type)
VIPUL SAWHNEY	PRESIDENT
	ATTENTION
Intentional misstatomore	nts or omissions of fact constitute federal ariminal violations (See 18 II S.C. 1001.)

E. STATE SIG	NATURE
1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualific	cation provisions of such rule? Yes No [] [X]"
See Appendix, Column 5.	5, for state response.
2. The undersigned issuer hereby undertakes to furnish to any state administrator of any times as required by state law.	ny state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such
3. The undersigned issuer hereby undertakes to furnish to the state administrators, upo 4. The undersigned issuer represents that the issuer is familiar with the conditions that (ULOE) of the state in which this notice is filed and understands that the issuer claimin conditions have been satisfied. The issuer has read this notification and knows the contents to be true and has duly care.	t must be satisfied to be entitled to the Uniform limited Offering Exemption ing the availability of this exemption has the burden of establishing that these
person.	and the fields to be signed on its behalf by the thirdersigned this dunionized
Issuer (Print or Type)	Signature Date Q/3/01
HOVR INCORPORATED	Vigilla,
Name of Signer (Print or Type)	Title (Print or Type)
VIPIII. SAWHNEY	PRESIDENT

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	Intend to non-ac investors (Part B-	to sell ccredited s in State	3 Type of security and aggregate offering price offered in state (Part C-Item 1)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ AR									
CA	X					3	\$42,910		X
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